UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0076 March 15, 2009 Expires: Estimated average burden hours per response . . . 4.00

TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Mad Processing Section

MAD 1-A 7000

Name of Offering (check if this is an amendment and name has changed, and indicate change.)		\$ 3 k 8 k k w m m m m m m m m m m m m m m m m m
Red Anvil, LLC offering of limited liability company membership units		Washington, CC
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule Type of Filing: ☐ Amendment	506	(6) 🔲 ULOB
A. BASIC IDENTIFICATION DATA	Article - Allendar - A	
Enter the information requested about the issuer Name of Issuer		111001700
Address of Executive Offices (Number and Street, City, State, Zip Code) 3701 West Burnham Street, Unit A, Milwaukee, WI 53215	Telephone Number 414-476-0757	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number	09039634
Brief Description of Business	ilaina kandan kanda Kandan kandan	
Limited liability company that provides network and data center hosting services.		
Type of Business Organization corporation limited partnership, already formed limited partnership, to be formed	other (please speci	ify): ibility Company
Actual or Estimated Date of Incorporation or Organization: [0 2 9 5) W I	ad instead of Form D (17
CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 C notice in paper format on or after September 15, 2008 but before March 16, 2009. During that per initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments usin comply with all the requirements of § 230.503T. Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Federal: Who no File: A notice must be filed no later than 15 days after the first sale of securities in the Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at address after the date on which it is due, on the date it was mailed by United States registered or C. Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be must be a photocopy of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need any changes thereto, the information requested in Part C, and any material changes from the informat E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOF have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separe each state where sales are to be, or have been made. If a state requires the payment of a fee as a precious to the notice constitutes a part of this notice and must be completed. ATTENTION	error 239.500T) or an amoration, an issuer also maying Form D (17 CFR 239. Regulation D or Section 4 offering. A notice is dee the address given below the error of th	endment to such a file in paper format an .500) and otherwise 4(6), 17 CFR 230.501 cmed filed with the U.S. wor, if received at that ress. copy not manually signed the issuer and offering, lied in Parts A and B. in those states that rities Administrator in for the exemption, a n state law. The
Failure to file notice in the appropriate states will not result in a loss of the federal appropriate federal notice will not result in a loss of an available state exemption filing of a federal notice.	rai exemption. Conv n unless such exemp	tion is predicated on the
SEC 1972 (9-08) Persons who respond to the collection of information con	ntained in this form	are 1 of 9

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMBcontrol number.

1 of 9

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner or partnership issuers. Check Box(es) that Apply: □ Promoter Beneficial Owner ☐ General and/or Managing Partner Full name (Last name first, if individual) Biondich, Neil Business or Residence Address (Number and Street, City, State, Zip Code) 3701 West Burnham Street, Unit A, Milwaukee, WI 53215 Check Box(es) that Apply: □ Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full name (Last name first, if individual) Berdan, Randy Business or Residence Address (Number and Street, City, State, Zip Code) 3701 West Burnham Street, Unit A, Milwaukee, WI 53215 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer General and/or Managing Partner Full name (Last name first, if individual) Longtine, E. Shawn Business or Residence Address (Number and Street, City, State, Zip Code) 3701 West Burnham Street, Unit A, Milwaukee, WI 53215 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ General and/or Managing Partner Full name (Last name first, if individual) Ellsworth, Alec Business or Residence Address (Number and Street, City, State, Zip Code) 3701 West Burnham Street, Unit A, Milwaukee, WI 53215 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING Yes No Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? Yes No Yes No Answer also in Appendix, Column 2, if filing under ULOE. S. Yes No 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer you may set forth the information for that broker or dealer only.
Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?
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or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such
a broker or dealer you may set forth the information for that broker or dealer only.
Full Name (Last name first, if individual) N/A
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)
AL AK AZ AR CA CO CT DE DC FL GA HI ID
IL IN IA KS KY LA ME MD MA MI MN MS MO
MT NE NV NH NJ NM NY NC ND OH OK OR PA
RI SC SD TN TX UT VA WA WV WI WY PR
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)
AL AK AZ AR CA CO CT DE DC FL GA HI ID
IL IN IA KS KY LA ME MD MA MI MN MS MO
MT NE NV NH NJ NM NY NC ND OH OK OR PA
RI SC SD TN TX UT VT VA WA WV WI WY PR
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Name of Associated Broker or Dealer
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
(Check "All States" or check individual States)
AL AK AZ AR CA CO CT DE DC FL GA HI ID
IL IN IA KS KY LA ME MD MA MI MN MS MO
AT A
MT NE NV NH NJ NM NY NC ND OH OK OR PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check the box and indicate in the columns below the amounts of the securities offered for exchange a already exchanged.	his	
	, .	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$. \$
	Equity	\$ <u>1,500,000</u>	_ \$
	☐ Common ☐ Preferred	¢.	ø
	Convertible Securities (including warrants)	3	_ \$
	Partnership Interests	\$	<u> </u>
	Other (Specify: Limited Liability Company Membership Interests)	\$	\$
	Total	\$ <u>1,500,000</u>	\$375,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	ate	Aggregate
		Number	Dollar Amount
		Investors	of Purchases \$ 375,000
	Accredited Investors	6	\$ <u>3/3,000</u>
	Non-accredited Investors	0	\$ <u>0</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of t securities in this offering. Exclude amounts relating solely to organization expenses of the issuance information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	er.	
	Transfer Agent's Fees		□ s
	Printing and Engraving Costs		□ s
			⊠ \$50,000
	Legal Fees.		
	Accounting Fees		_
	Engineering Fees		□ \$
	Sales Commissions (specify finders' fees separately)		□ \$
	Other Expenses (identify):		□ \$
	Total		⊠ \$53,500

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

,	C. OFFERING PRICE, NUMBE	ER OF INVESTORS, EXPENSES AND USE O	FPRO	OCEEDS	; ;	1,70
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C-Que proceeds to the issuer."	estion 4.a. This difference is the "adjusted gross			<u>\$32</u>	1,500
5.	Indicate below the amount of the adjusted gross proceed each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C——	purpose is not known, furnish an estimate and he payments listed must equal the adjusted gross	D	ayments to Officers, irectors, & Affiliates	P	ayments To Others
	Salaries and fees			B	П	\$
	Purchase of real estate		_	P		\$ \$
	Purchase, rental or leasing and installation of mac	hinery and equipment	_	P S		\$ <u>150,000</u>
	Construction or leasing of plant buildings and faci	ilities		<u> </u>		\$
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another		5		
	Repayment of indebtedness			\$	\boxtimes	\$ <u>100,000</u>
	Working capital			\$	\boxtimes	\$ <u>71,500</u>
	Other (specify): 1):			\$		\$
				B		\$
	Column Totals Total Payments Listed (column totals added)					\$ <u>321,500</u>
٠		D. FEDERAL SIGNATURE	7.191	\$321,50		
sig the	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furnifinformation furnished by the issuer to any non-accredite	undersigned duly authorized person. If this notice ish to the U.S. Securities and Exchange Commis d investor pursuant to paragraph (b)(2) of Rule 50.	e is fil sion, 2.	ed under Rule upon written i	505, eque	the following
Re	uer (Print or Type) d Anvil, LLC	Signature Sinks		Date 3-6-	39	
	me of Signer (Print or Type) il Biondich	Title of Signer (Print or Type) Manager of Red Anvil, LLC	•			

__ ATTENTION ____

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No
See Appendix, Column 5, for state response.	_	_

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Red Anvil, LLC	Signature Signature	Date 3-6-09
Name (Print or Type)	Title (Print or Type)	
Neil Biondich	Manager of Red Anvil, LLC	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy of bear typed or printed signatures.

APPENDIX

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1		2 3 4				·	5			
	to non-a	I to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK			-							
AZ							_			
AR				 -		-				
CA	-									
CO			-				-			
CT	-			-						
DE				-						
DC				-						
FL			-							
GA										
HI	-									
ID						-	 .	-		
IL		X	Limited Liability Company Units	1	\$50,000	0	\$0		X	
IN										
IA										
KS		_								
KY					7.					
LA						_				
ME										
MD									-	
MA							_			
MI										
MN										
MS						-				

APPENDIX

1		2	3			4			5
	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
МО									
MT								-	
NE									
NV									
NH									-
NJ									
NM								_	
NY	-				·				
NC		_							
ND	_								
ОН									
OK							-	_	
OR				- -					
PA			-			-			-
RI									
SC				† – 			_		
SD								<u> </u>	
TN									
TX					<u> </u>				
UT									
VT			-						
VA									
WA		-							
wv			 -						
WI		Х	Limited Liability Company Units	5	\$325,000	0	\$0		X

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APPENDIX

1	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 lification ate ULOE s, attach lation of granted) Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
WY									ı
PR									

REINHART\2660910 9 of 9